Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

| CLAIMS AS FILED - PART I                                     |                                                               |                                                        |                                                   |                                   |                  |                                       |    | SMALL E                 | NTITY                                            |          | OTHE                | THAN                   |
|--------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------|-----------------------------------|------------------|---------------------------------------|----|-------------------------|--------------------------------------------------|----------|---------------------|------------------------|
| _                                                            | ···                                                           |                                                        | (Colum                                            | (Column 1)                        |                  | (Column 2)                            |    | TYPE [                  |                                                  | OR       | •                   | R THAN<br>ENTITY       |
| TOTAL CLAIMS                                                 |                                                               |                                                        | 13.                                               |                                   |                  |                                       |    | RATE                    | FEE                                              | 7        | RATE                | FEE                    |
| FOR                                                          |                                                               |                                                        | NUMBER FILED                                      |                                   | NUM              | BER EXTRA                             |    | BASIC FEI               | 385.00                                           | OR       | BASIC FEE           | 770.00                 |
| TOTAL CHARGEABLE CLAIMS                                      |                                                               |                                                        | 7 minus 20=                                       |                                   | *                |                                       |    | X\$ 9=                  |                                                  | OR       | X\$18=              |                        |
| INDEPENDENT CLAIMS                                           |                                                               |                                                        | minus 3 =                                         |                                   | •                |                                       |    | X43=                    |                                                  | OR       | X86=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                             |                                                               |                                                        |                                                   |                                   |                  |                                       |    | +145=                   |                                                  | OR       | +290=               |                        |
| * If the difference in column 1 is less than zero, enter "0" |                                                               |                                                        |                                                   |                                   | "0" in (         | column 2                              | ı  | TOTAL                   | <del>                                     </del> | OR       | TOTAL               | 770                    |
|                                                              | C                                                             |                                                        |                                                   | <del></del>                       |                  | OTHER                                 |    |                         |                                                  |          |                     |                        |
|                                                              | (Column 1) (Column 2) (Column 3)                              |                                                        |                                                   |                                   |                  |                                       |    | SMALL                   | ENTITY                                           | OR       | SMALL               |                        |
| AMENDMENT A                                                  |                                                               | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT              |                                                   | HIGHE<br>NUME<br>PREVIO<br>PAID F | ER<br>USLY       | PRESENT<br>EXTRA                      |    | RATE                    | ADDI-<br>TIONAL<br>FEE                           |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                              | Total                                                         | *                                                      | Minus                                             | **                                |                  | =                                     |    | X\$ 9=                  |                                                  | OR       | X\$18=              |                        |
|                                                              | Independent                                                   | * ENTATION OF ME                                       | Minus                                             | ***                               | CL AINA          | =                                     |    | X43=                    |                                                  | OR       | X86=                |                        |
| ١                                                            | /                                                             | STATE OF STATE                                         | JETIFLE DE                                        | PENDENT                           | CLAIM            |                                       |    | +145=                   |                                                  | OR       | +290=               |                        |
| '                                                            |                                                               |                                                        |                                                   |                                   | •                |                                       | L  | TOTAL                   |                                                  | OR       | TOTAL<br>ADDIT, FEE |                        |
|                                                              |                                                               | (Column 1)                                             |                                                   | (Colum                            | n 2)             | (Column 3)                            | ^  | DDIT. FEE               |                                                  | •        | ADDII. FEET         |                        |
| _                                                            |                                                               | CLAIMS                                                 |                                                   | HIGHE                             |                  | 1                                     | ìr |                         | ADDI-                                            | 1 1      |                     | 4551                   |
| AMENDMENT B                                                  |                                                               | REMAINING<br>AFTER<br>AMENDMENT                        |                                                   | NUMB<br>PREVIOI<br>PAID F         | JSLY             | PRESENT<br>EXTRA                      |    | RATE                    | TIONAL<br>FEE                                    |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                              | Total                                                         | •                                                      | Minus                                             | **                                |                  | =                                     | ·  | X\$ 9=                  |                                                  | OR       | X\$18=              |                        |
| AM                                                           | Independent                                                   | *                                                      | Minus                                             | ***                               |                  | =                                     |    | X43=                    |                                                  | OR       | X86=                |                        |
|                                                              | - FIRST PRESE                                                 | NTATION OF MU                                          | LIPLE DEF                                         | ENDENT                            | CLAIM            | <u> </u>                              |    | +145=                   |                                                  | OR       | +290=               |                        |
|                                                              |                                                               |                                                        |                                                   |                                   |                  |                                       | L  | TOTAL                   |                                                  | L        | TOTAL               |                        |
|                                                              | •                                                             |                                                        |                                                   |                                   |                  |                                       | Αſ | DDIT. FEE L             |                                                  | OR A     | DDIT. FEEL          |                        |
| _                                                            |                                                               | (Column 1)                                             |                                                   | (Columi                           |                  | (Column 3)                            |    | ٠.                      |                                                  |          | •                   | •                      |
| ENT C                                                        | •                                                             | REMAINING                                              |                                                   | NUMBE                             | R                | PRESENT<br>EXTRA                      |    | RATE                    | ADDI-<br>TONAL                                   |          | RATE                | ADDI-<br>TIONAL        |
| EN                                                           |                                                               | AFTER<br>AMENDMENT                                     |                                                   | PREVIOL<br>PAID FO                |                  |                                       | -  |                         |                                                  | - 1      | . 1                 |                        |
| NOMENT                                                       | Total                                                         | AFTER<br>AMENDMENT                                     | Minus                                             |                                   |                  | =                                     | -  | X\$ 9=                  | FEE                                              | OR       | X\$18=              | FEE                    |
| AMENDMENT                                                    | Independent                                                   | AFTER AMENDMENT                                        | Minus                                             | PAID FO                           | OR               |                                       |    | X\$ 9=                  | FEE                                              | OR       | X\$18=              |                        |
| AMENDMENT                                                    | Independent                                                   | AFTER AMENDMENT                                        | Minus                                             | PAID FO                           | OR               | =                                     |    |                         | FEE                                              | OR<br>OR |                     |                        |
|                                                              | Independent<br>FIRST PRESEI                                   | AFTER AMENDMENT  *  *  *  *  *  *  *  *  *  *  *  *  * | Minus<br>LTIPLE DEP                               | PAID FO                           | CLAIM            | =                                     |    | X\$ 9=<br>X43=<br>+145= | FEE                                              | .        | X\$18=              |                        |
| AMEN                                                         | Independent FIRST PRESEI the entry in column the "Highest Num | AFTER AMENDMENT                                        | Minus  LTIPLE DEP  e entry in colum d For IN THIS | PAID FO                           | CLAIM  T in colu | = = = = = = = = = = = = = = = = = = = |    | X\$ 9=<br>X43=          | FEE                                              | OR OR    | X\$18=<br>X86=      |                        |